



ACE American Insurance Company

Special Risk Request for Proposal

SUBMISSION DATE: _____ QUOTE DATE: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

NATURE OF BUSINESS: _____

TYPE OF GROUP:

TEAM CLUB ASSOCIATION LEAGUE NOT FOR PROFIT

EMPLOYER OTHER _____

NUMBER OF PERSONS TO BE COVERED BY AGE:

12 & UNDER _____ 13 TO 15 _____ 16 TO 18 _____ 19 & OLDER _____ MAX AGE _____

DESCRIPTION OF PERSONS COVERED:

DESCRIPTION OF ACTIVITIES TO BE COVERED:

AMOUNT OF EXPOSURE BY EACH COVERED PERSON (length of season, length of trip, number of events, tournament dates):

SHOULD COVERAGE INCLUDE TRAVEL TO AND FROM ACTIVITIES LISTED ABOVE:

YES NO



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BENEFIT PLAN DESIRED:

ACCIDENTAL DEATH	\$_____
ACCIDENTAL DISMEMBERMENT	\$_____
ACCIDENTAL PARALYSIS	YES <input type="checkbox"/> NO <input type="checkbox"/>
ACCIDENT MEDICAL EXPENSE	\$_____
DEDUCTIBLE	\$_____
PRIMARY <input type="checkbox"/> EXCESS <input type="checkbox"/>	
WEEKLY ACCIDENT INDEMNITY	MAXIMUM WEEKLY AMOUNT \$_____ ELIMINATION PERIOD _____days MAXIMUM DURATION _____weeks

OTHER REQUESTED BENEFITS:

AGGREGATE LIMIT:

NON-COMMERCIAL AVIATION COVERGE:

INCLUDED EXCLUDED

IF INCLUDED, PLEASE PROVIDE DETAILS OF EXPOSURE:

HOW ARE PREMIUMS TO BE PAID (annually, monthly):



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PRIOR COVERAGE:

IF NO PRIOR COVERAGE, PLEASE CHECK HERE

INSURANCE COMPANY NAME: _____

EFFECTIVE DATE: _____ RENEWAL DATE: _____

PLEASE PROVIDE DETAILS OF THE CURRENT PROGRAM, INCLUDING COVERAGE, BENEFITS, COPY OF CURRENT POLICY AND A MINIMUM OF (3) YEARS PREMIUM AND LOSS HISTORY. PLEASE PROVIDE DETAILED CLAIMS DATA FOR ALL RISK WITH A PREMIUM OF \$50,000 OR HIGHER.

REQUESTED DATES OF COVERAGE:

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

BROKER INFORMATION:

AGENCY NAME: _____

AGENCY ADDRESS: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

COMMISSION %: _____

SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT:

